



City of Eau Claire  
Parks & Recreation & Forestry Department  
**Special Needs Participant Assessment**

**CONFIDENTIAL**

PARTICIPANT INFORMATION			
PARTICIPANT FIRST NAME:		LAST:	
ADDRESS:	APT #:	PHONE:	
CITY:	STATE:	ZIP:	
EMAIL:	BIRTH DATE:	DEVELOPMENTAL AGE:	
EMERGENCY CONTACT:		PHONE:	
DISABILITY (Please be specific):			
GUARDIAN INFORMATION			
PARENT/GUARDIAN (If not self):			
HOME PHONE:		CELL:	
ADDRESS:	CITY:	STATE:	ZIP:
PARTICIPANT SCHOOL INFORMATION (If applicable)			
CURRENT SCHOOL:		CURRENT GRADE:	
TEACHER/SUPPORT STAFF:		TEACHER PHONE:	
MAY WE CONTACT TEACHER/SUPPORT STAFF FOR MORE INFORMATION? Y or N			
LIST ANY ADDITIONAL SCHOOL CONTACT INFORMATION:			
I.E.P. AT SCHOOL? Y or N		TYPE OF PROGRAM:	
(If possible, please mail current I.E.P with assessment )			
DO YOU HAVE GOALS FOR RECREATION PARTICIPATION IN YOUR I.E.P.?			
HEALTH HISTORY			
DOCTOR NAME:		TELEPHONE:	
SUBJECT TO SEIZURES: Y or N		EARLY WARNING SIGNS:	
DESCRIBE A TYPICAL SEISURE:			
CHECK ALL THAT APPLY:			
<input type="checkbox"/> Diabetic	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Allergies (please list):		<input type="checkbox"/> Other	
LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING:			
<b>WE DO NOT ADMINISTER MEDICATION DURING PROGRAM HOURS. PLEASE MAKE ARRANGEMENTS.</b>			
SPEECH, LANGUAGE, AND COMMUNICATION			
CAN PARTICIPANT FOLLOW ONE-STEP DIRECTIONS? Y or N		MULTI-STEP DIRECTIONS? Y OR N	
CHECK ALL THAT APPLY:			
<input type="checkbox"/> Vision Impaired	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
<input type="checkbox"/> Hearing Impaired	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
<input type="checkbox"/> Uses Hearing Aids	<input type="checkbox"/> Uses Speech	<input type="checkbox"/> Non-Verbal	
<input type="checkbox"/> Understands Sign Language	<input type="checkbox"/> Uses Sign Language	<input type="checkbox"/> Uses Sign Plus Speech	
<input type="checkbox"/> Uses Communication Board	<input type="checkbox"/> Uses Other Augmentative Device	<input type="checkbox"/> Uses Gestures Primarily	
CONTINUED ON BACK ➔			

SELF HELP (Toileting/Dressing/Grooming)		
INDEPENDENT TOILET SKILLS: Y or N		INDEPENDENT WITH DRESSING: Y or N
INDEPENDENT WITH GROOMING: Y or N		
NEEDS ASSISTANCE WITH: <input type="checkbox"/> Undressing <input type="checkbox"/> Toilet <input type="checkbox"/> Washing		
<input type="checkbox"/> Shirt <input type="checkbox"/> Pants <input type="checkbox"/> Buttons <input type="checkbox"/> Zippers		
RANGE OF MOBILITY		
Participant is mobile: Y or N	Uses Wheelchair: Y or N	Uses Crutches: Y or N
Uses Braces: Y or N	Uses Walker: Y or N	Stands with Support: Y or N
Needs Assistance Transferring: Y or N		Additional Adaptions:
Can Propel Wheelchair: Y or N	Can be removed from wheelchair for transportation: Y or N	
SWIMMING ABILITY (If applicable)		
Can Swim: Y or N	Able to support self while swimming: Y or N	
Wades in Water: Y or N	Needs assistance while swimming: Y or N	
Has your child ever attended swim lessons with ECPR? Y or N		
<b>Please check with your physician if swimming is an appropriate activity for your child.</b>		
BEHAVIOR CONSIDERATIONS		
DESCRIBE BEHAVIORAL CONCERNS/ISSUES:		
PLEASE LIST CALMING OR DEESCALATING ACTIVITIES THAT WORK BEST FOR PARTICIPANT:		
GOALS FOR PARTICIPANT		
List or write a brief summary of goals for this participant in relation to the class or program. List any other home, group home, work or school based goals.		

I understand participation in Parks and Recreation programs involves an element of risk or danger for all participation and may cause serious injury, death, or property loss. I agree to assume these risks for my family and release the City of Eau Claire, its employees, and other participants from any liability, for injuries and damages sustained while participating in these programs. I understand a physician's approval is encouraged prior to participation.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**RETURN TO:** Eau Claire Parks and Recreation, 915 Menomonie Street, Eau Claire, WI 54703